Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
				A. BUILDING:	U1	F	,					
		HAL06400	04	B. WING			7/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BREKENRIDGE RETIREMENT CENTER 2500 HUNTER HILL ROAD ROCKY MOUNT NC 27804												
ROCKY MOUNT, NC 27804 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)												
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	COMPLETE DATE						
{C 000}	Initial Comments			{C 000}								
	This Report is of a Followup Survey done by Bob Getchell on March 7, 2016.											
	The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.											
{C 116}	{C 116} Plans Submittals and Approvals			{C 116}								
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section											

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED							
		HAL064004	B. WING		03/0	? 7/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
BREKENRIDGE RETIREMENT CENTER 2500 HUNTER HILL ROAD ROCKY MOUNT, NC 27804												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE						
{C 116}	·		{C 116}									

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Division of Health Service Regulation STATE FORM